



State of California
Kevin Shelley
Secretary of State

File # _____

**REGISTRATION OF
WRITTEN ADVANCE HEALTH CARE DIRECTIVE**
(Probate Code Sections 4800-4805)

There is no fee for filing this document

This Space For Filing Use Only

- **The Registration of a Written Advance Health Care Directive is a non-compulsory filing.** If any information on the registration form changes, or if the actual Written Advance Health Care Directive is revoked, the registrant must notify the Secretary of State by filing an amendment or revocation form.
- **A registrant must re-register upon execution of a subsequent advance directive.**

Mail to: Secretary of State, Special Filings Unit, P.O. Box 942877, Sacramento, CA 94277-0001 (916) 653-3984

Please check one of the following and proceed as directed:

New Filing - For a new filing, complete the entire form.

Amendment - For an amendment to a prior filed Written Advance Health Care Directive, complete the entire form.

Revocation - For a revocation of a filed Written Advance Health Care Directive, complete Items 1, 2 and 7.

1. PLEASE CHECK ONE:

Written Advance Health Care Directive
attached.

Notification of Intended Place of Deposit or Safekeeping of a
Written Advance Health Care Directive.

2. REGISTRANT'S INFORMATION:

LAST NAME

FIRST

MIDDLE

STREET ADDRESS

CITY AND STATE

ZIP CODE

DATE OF BIRTH

PLACE OF BIRTH

ENTER AT LEAST ONE ITEM:

a. Social Security Number

b. Driver's License Number And State Issued

c. Other Identifying Number Established By Law And State Issued, if any

3. INTENDED PLACE OF DEPOSIT OR SAFEKEEPING OF THE WRITTEN ADVANCE HEALTH CARE DIRECTIVE: (if applicable)**4. AGENT INFORMATION:**

LAST NAME

FIRST

MIDDLE

TELEPHONE NUMBER

()

MOTHER'S MAIDEN NAME FOR VERIFICATION PURPOSES

5. ALTERNATE AGENT INFORMATION:

LAST NAME

FIRST

MIDDLE

TELEPHONE NUMBER

()

MOTHER'S MAIDEN NAME FOR VERIFICATION PURPOSES

6. OTHER PERSONS OR ENTITIES AUTHORIZED TO RECEIVE REGISTRY INFORMATION: (attach additional pages if necessary)

NAME

MOTHER'S MAIDEN NAME, FOR VERIFICATION PURPOSES (if applicable)

7. SIGNATURE OF REGISTRANT

TYPE OR PRINT NAME OF REGISTRANT

DATE